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Evidence-Based Practice: Approaches to Save You Time and Get Results

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Objectives

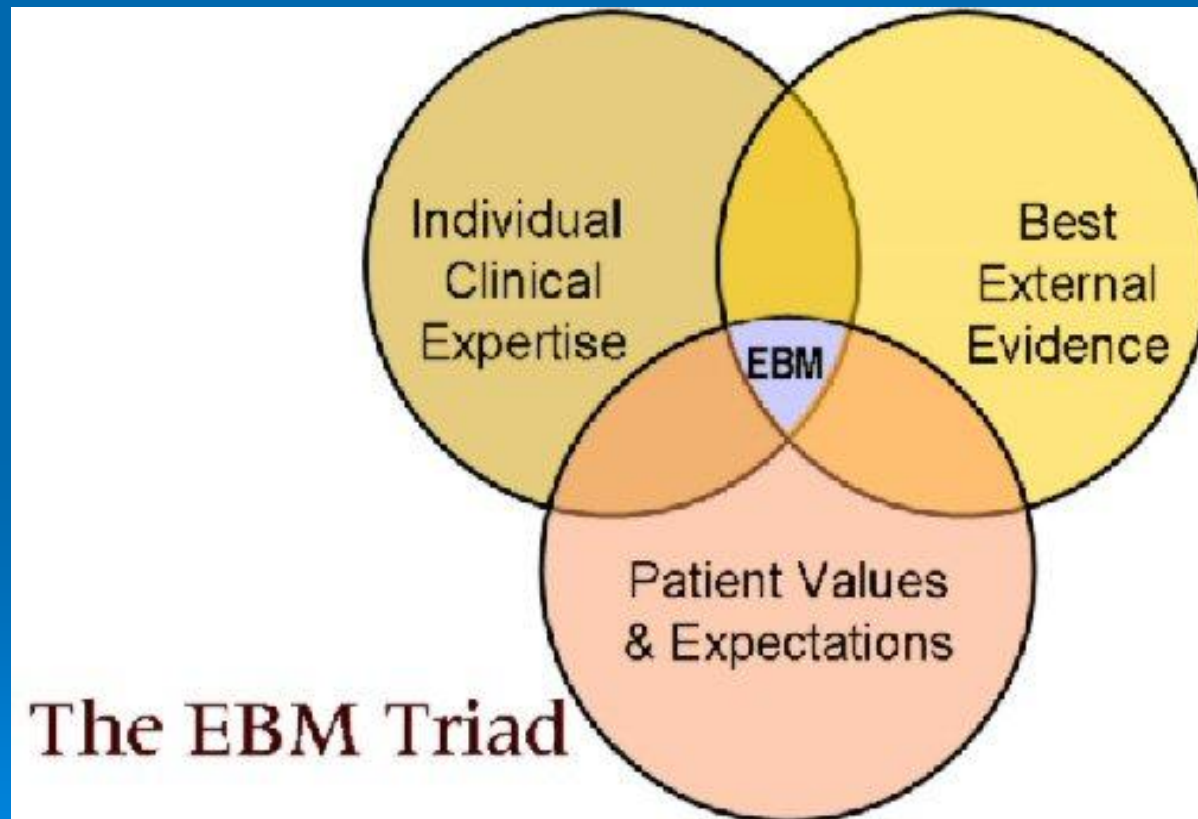
- Describe **web resources** to use for **evidence-based** nursing practice
- Identify **ways to improve web research skills** to search for appropriate evidence
- Perform *PubMed* and *CINAHL* searches to find evidence-based research articles
- Recognize methods to **work smart and save time** in looking for evidence

What is evidence-based practice?

- Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
- The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Sackett DL et al. *Evidence based medicine: what it is and what it isn't.* BMJ 1996 Jan 13; 312 (7023): 71-2.

Evidence-Based Practice



What makes good evidence?

Good

- Based on scientific research
- RCT
- Systematic review
- Meta-analysis
- Clinical guidelines


Shoddy

- Opinion
- Consensus
- Because it's been done this way for 100 years


EBP Implications for Nursing

- **Are U.S. nurses ready for evidence-based practice?**
 - Many don't understand or value research
 - Many have little or no training to help find evidence on which to base their practice
 - Pravikoff DS, Tanner AB, Pierce ST. Readiness of U.S. nurses for evidence-based practice. *American Journal of Nursing* 2005 Sep;105(9):40-52.
- **Failure to use evidence results in lower quality, less effective and more expensive care.**
 - Berwick DM. Disseminating innovations in health care. *JAMA* 2003 Apr 16;289(15):1969-75.

Barriers to Nurses using EBP

- Lack of time
 - Lack of value of research in practice
 - Lack of understanding of electronic databases
 - Lack of computer skills
 - Difficulty understanding research articles
- 
- A decorative graphic consisting of several sets of concentric circles in a lighter blue shade, located in the bottom right corner of the slide.

Why do nurses need to do EBP?

- Results in better patient outcomes
 - Keeps practice current and relevant
 - Increases confidence in decision making
 - Essential for Magnet recognition
 - Research gap: takes 17 years for research result to make it into practice
- 

5 Steps for EBP

1. Convert need for information into **answerable question**
2. Track down **best evidence** to answer question
3. Critically **appraise evidence** for validity, impact and applicability
4. **Integrate** critical appraisal with your clinical expertise and patient's unique circumstances
5. **Evaluate** effectiveness in executing steps 1-4 and seek ways to improve

Step #1: Clarify the Topic

- Is it a background or foreground question?
 - *Background*: can be answered from general knowledge
 - Ex. What are the side effects of ginger?
 - *Foreground*: a comparison question
 - Ex. Is ginger effective in reducing nausea and/or vomiting in pregnancy?
- Consider using a stepwise process, e.g. PICO, to clarify your information needs & create a question that can be answered

PICO

- **P**atient population: *For which group do you need information?* **P**roblem
- **I** (or Exposure): *What medical event do you need to study the effect of?* **I**ntervention
- **C**omparison: *What is the evidence that the proposed intervention produces better or worse results than no intervention, or a different type of intervention?*
- **O**utcomes: *What is the effect of the intervention?*

Case

- A 51-year-old woman with a total hysterectomy presents to the NP in a primary health care clinic with signs of menopause. She is having hot flashes and night sweats. She is an active and healthy woman with no family history of breast cancer or cardiovascular disease. She is reluctant to consider HRT because her friend said there is a higher risk of breast cancer, strokes, and heart attacks. However, the menopause symptoms are effecting her QoL and she wants to do something.


Initial question:

Is it safe to prescribe HRT to this woman?

Reformulated question using PICO:

Among healthy middle-aged women, does estrogen increase the incidence of breast cancer, cardiovascular death, or stroke?

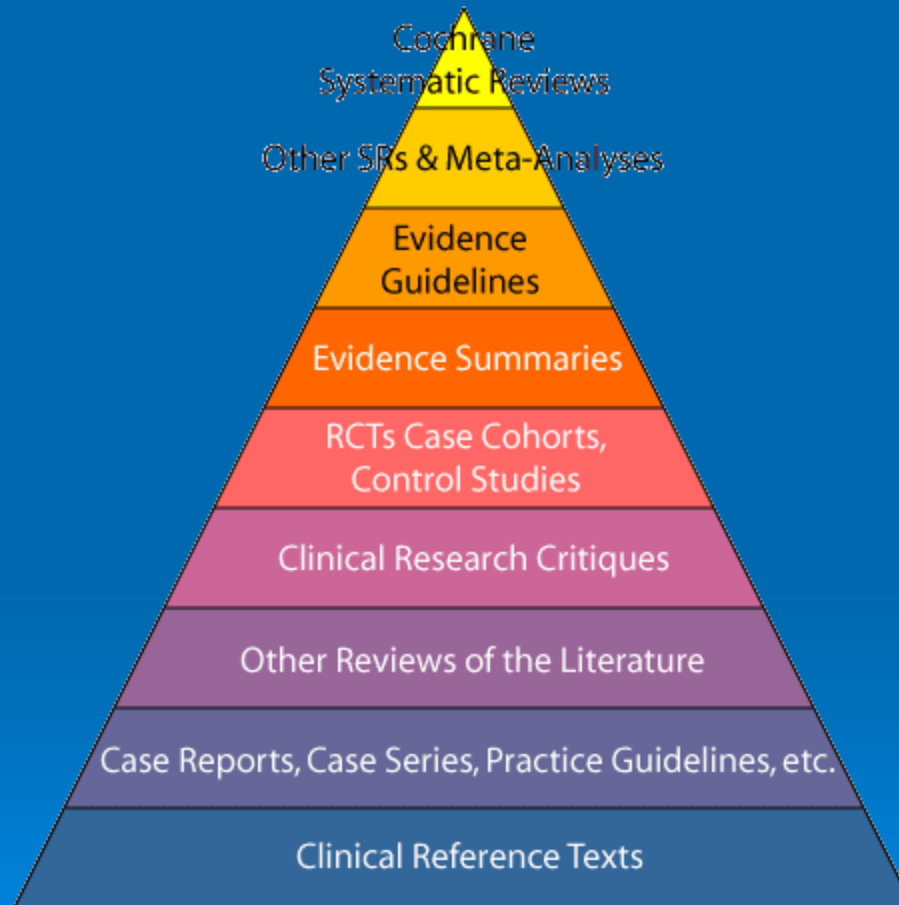
What kind of question is it?

- Diagnosis
 - Therapy
 - Etiology
 - Prognosis
 - Prevention
 - Qualitative
 - Costs/economics
- 

Understand what you find

- **Quantitative:** numerical
 - Primary: RCT, cohort study...
 - Secondary: meta-analysis, systematic review practice guideline, consensus report...
- **Qualitative:** narrative; collection of data through observation or in-depth interviews
 - Primary: ethnography, grounded theory...
 - Secondary: meta-analysis, systematic review, practice guideline...

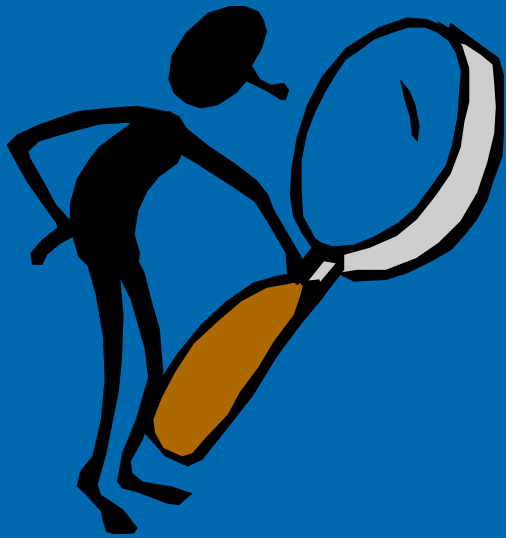
Rank the Evidence



Levels and Grades of Evidence

Levels of Evidence and Grades of Recommendations

Grade of recommendation	Level of evidence	Interventions
A	1a	Systematic review of randomized controlled trials
	1b	Individual randomized controlled trial
B	2a	Systematic review of cohort studies
	2b	Individual cohort study
	3a	Systematic review of case-control studies
	3b	Individual case-control study
C	4	Case series
D	5	Expert opinion without explicit critical appraisal or based on physiology or bench research



Step #2

Search for the Best Evidence



Search Databases Efficiently for Research Journal Articles

- PubMed *pubmed.gov*
- NLM Gateway
gateway.nlm.nih.gov/gw/Cmd
- CINAHL or CINAHL Plus(\$)
cinahl.com

PubMed

pubmed.gov

- Includes MEDLINE (1950's to present)
- Indexes 5,000 biomedical journals
- Covers all aspects of biosciences and healthcare
- 75%-80% of citations have abstracts
- Updated 5x/week

2 *PubMed* Strategies for Finding Evidence-Based Citations

- Use *PubMed* Type of Article limits
 - Randomized Controlled Trial
 - Meta-Analysis
 - Practice Guideline
 - Clinical Trial
 - Consensus Development Conference
- Use the *PubMed* Clinical Queries and Systematic Reviews section

Search PubMed

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- To get started, enter one or more search terms.
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Can easily *limit* your search to:

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Language

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PubMed Limits

PubMed National Library of Medicine NLM

PubMed Nucleotide Protein Genome Structure

for exercise therapy osteoarthritis hip Go Clear

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More Languages

- Afrikaans
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- AIDS
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- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

More Publication Types

- Addresses
- Bibliography

Ages CLEAR

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years
- Adult: 19-44 years
- Middle Aged: 45-64 years

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Limits

Limits: **Humans, Randomized Controlled Trial, English**

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- 1:** [Wang TJ, Belza B, Elaine Thompson F, Whitney JD, Bennett K.](#) [Related Articles, Links](#)
Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.
J Adv Nurs. 2007 Jan;57(2):141-52.
PMID: 17214750 [PubMed - indexed for MEDLINE]
- 2:** [Hinman RS, Heywood SE, Day AR.](#) [Related Articles, Links](#)
Aquatic physical therapy for hip and knee osteoarthritis: results of a single-blind randomized controlled trial.
Phys Ther. 2007 Jan;87(1):32-43. Epub 2006 Dec 1.
PMID: 17142642 [PubMed - indexed for MEDLINE]
- 3:** [Veenhof C, Koke AJ, Dekker J, Oostendorp RA, Bijlsma JW, van Tulder MW, van den Ende CH.](#) [Related Articles, Links](#)
Effectiveness of behavioral graded activity in patients with osteoarthritis of the hip and/or knee: A randomized clinical trial.
Arthritis Rheum. 2006 Dec 15;55(6):925-34.
PMID: 17139639 [PubMed - indexed for MEDLINE]
- 4:** [Rooks DS, Huang J, Bierbaum BE, Bolus SA, Rubano J, Connolly CE, Alpert S, Iversen MD, Katz JN.](#) [Related Articles, Links](#)
Effect of preoperative exercise on measures of functional status in men and women undergoing total hip and knee arthroplasty.

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Related Articles

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Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.

Wang TJ, Belza B, Elaine Thompson F, Whitney JD, Bennett K.

Department of Nursing, National Taipei College of Nursing, Taipei, Taiwan. tsaejyy@ntcn.edu.tw

AIM: This paper reports a study of the effects of aquatic exercise on physical fitness (flexibility, strength and aerobic fitness), self-reported physical functioning and pain in adults with osteoarthritis of the hip or knee. BACKGROUND: Osteoarthritis is a common cause of disability and a primary reason for hip and knee joint replacement. Exercise is important for preventing and/or managing the functional limitations associated with joint disease. Aquatic exercise is thought to be beneficial and often recommended for people with osteoarthritis; however, few studies have examined the effects on people with osteoarthritis, and these have yielded inconsistent results. METHODS: A two-group randomized controlled trial with a convenience sample was used. Participants were recruited from community sources and randomly assigned to a 12-week aquatic programme or a non-exercise control condition. Data for 38 participants were collected at baseline, week 6, and week 12 during 2003 and 2004. Instruments were a standard plastic goniometer, a handheld dynamometer, the 6-minute walk test, the multidimensional Health Assessment Questionnaire, and a visual analogue scale for pain. RESULTS: Repeated measures analysis of variance showed that aquatic exercise statistically significantly improved knee and hip flexibility, strength and aerobic fitness, but had no effect on self-reported physical functioning and pain. The exercise adherence rate was 81.7%, and no exercise-related adverse effect was observed or reported. CONCLUSIONS: Beneficial short-term effects of aquatic

Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee

Tsae-Jyy Wang¹, Basia Belza², F. Elaine Thompson³, Joanne D. Whitney⁴ & Kim Bennett⁵

Accepted for publication 2 August 2006

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Professor

WANG T.-J., BELZA B., THOMPSON F.E., WHITNEY J.D. & BENNETT K. (2007) Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee. *Journal of Advanced Nursing* 57(2), 141–152
doi: 10.1111/j.1365-2648.2006.04102.x

Abstract

Title. Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee.

Aim. This paper reports a study of the effects of aquatic exercise on physical fitness (flexibility, strength and aerobic fitness), self-reported physical functioning and pain in adults with osteoarthritis of the hip or knee.

Background. Osteoarthritis is a common cause of disability and a primary reason for hip and knee joint replacement. Exercise is important for preventing and/or managing the functional limitations associated with joint disease. Aquatic exercise is thought to be beneficial and is often recommended for people with osteoarthritis; however, few studies have examined the effects on people with osteoarthritis, and these have yielded inconsistent results.

Methods. A two-group randomized controlled trial with a convenience sample was

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Acta Paediatr. 2006 Oct;95(10):1175-81.
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2: [Eby GA, Halcomb WW.](#)

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Altern Ther Health Med. 2006 Jan-Feb;12(1):34-8.
PMID: 16454145 [PubMed - indexed for MEDLINE]

3: [Silk R, LeFante C.](#)

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Basic Search Techniques VIDEO


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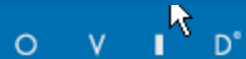
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CINAHL or [CINAHL Plus]

cinahl.com

- Cumulative Index to Nursing and Allied Health Literature (\$)
- Provides coverage from 1982 [1937] to date, of nursing and 17 allied health disciplines literature
- 1700+ [3400+] journals indexed including virtually all English-language nursing journals
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CINAHL Search Screen



CINAHL - Cumulative Index to Nursing & Allied Health Literature
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1: [Circulation](#). 2007 Feb 20;115(7):855-60.

Prehypertension and cardiovascular disease risk in the Women's Health Initiative.

[Hsia J](#), [Margolis KL](#), [Eaton CB](#), [Wenger NK](#), [Allison M](#), [Wu L](#), [LaCroix AZ](#), [Black HR](#); [Women's Health Initiative Investigators](#).

Department of Medicine, George Washington University, 2150 Pennsylvania Ave NW, Washington, DC 20037, USA. jhsia@mfa.gwu.edu

BACKGROUND: Prehypertension is common and is associated with increased vascular mortality. The extent to which it increases risk of nonfatal myocardial infarction, stroke, and congestive heart failure is less clear. METHODS AND RESULTS: We determined the prevalence of prehypertension, its association with other coronary risk factors, and the risk for incident cardiovascular disease events in 60,785 postmenopausal women during 7.7 years of follow-up using Cox regression models that included covariates as time-dependent variables. Prehypertension was present at baseline in 39.5%, 32.1%, 42.6%, 38.7%, and 40.3% of white, black, Hispanic, American Indian, and Asian women, respectively (P<0.0001 across ethnic groups). Age, body mass index, and prevalence of diabetes mellitus and hypercholesterolemia increased across blood pressure categories, whereas smoking decreased (all P<0.0001). Compared with normotensive women (referent), adjusted hazard ratios for women with prehypertension were 1.58 (95% confidence interval [CI] 1.12 to 2.21) for

Related Links

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- ▶ Migraine and ris women.
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*Search for
Clinical Practice Guidelines*



Clinical Practice Guidelines

- Systematically developed statements of appropriate care designed to assist the practitioner and patient make decisions about appropriate health care for specific clinical circumstances
- Usually based on the most current available research if from reputable, authoritative organizations
- Developed using widely varying standards
 - *Cost* may be considered as well as *health outcomes* or *politics*

Practice Guidelines Resources

- National Guideline Clearinghouse
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To prepare a Guideline Comparison, add any of the guidelines listed to "My Collection" by selecting that guideline and clicking the "Add to My Collection" button. For additional help, see [Guideline Comparison Help](#).

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Display results 1 to 7 of 7

Title

- [Diagnosis and management of attention deficit hyperactivity disorder in primary care for school age children](#)
Institute for Clinical Systems Improvement - Private Nonprofit Organization. 1997 Oct (revised 2000)
- [Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder](#)
Pediatrics - Medical Specialty Society. 2000 May. 13 pages. NGC:001506
- [Clinical practice guideline: treatment of the school-aged child with attention-deficit/hyperactivity disorder](#)
Pediatrics - Medical Specialty Society. 2001 Oct. 12 pages. NGC:002298
- [Practice parameters for the assessment and treatment of children, adolescents, and adults with mental disorders](#).
American Academy of Child and Adolescent Psychiatry - Medical Specialty Society

Brief Summary

GUIDELINE TITLE

Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics. Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics* 2000 May; 105(5):1158-70. [60 references]

BRIEF SUMMARY CONTENT

[RECOMMENDATIONS](#)

[EVIDENCE SUPPORTING THE RECOMMENDATIONS](#)

[IDENTIFYING INFORMATION AND AVAILABILITY](#)

[Go to the Complete Summary](#)

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Excerpted by the National Guideline Clearinghouse:

RECOMMENDATION 1: In a child 6 to 12 years old who presents with inattention, hyperactivity, impulsivity, academic underachievement, or behavior problems, primary care clinicians should initiate an evaluation for attention-deficit/hyperactivity disorder (**ADHD**) (*strength of evidence: good; strength of recommendation: strong*).

Presentations of **ADHD** in clinical practice vary. Symptoms may not be apparent in a structured clinical setting that is free from demands and distraction of the home and school. The following general questions may be useful at all visits for school-aged children to heighten attention about **ADHD** and as an initial screening for school performance:

1. How is your child doing in school?
2. Are there any problems with learning that you or the teacher has seen?
3. Is your child happy in school?
4. Are you concerned with any behavioral problems in school, at home, or when your child is playing with friends?
5. Is your child having problems completing classwork or homework?

Alternatively, a previsit questionnaire may be sent to parents or given while the family is waiting in the reception area.

RECOMMENDATION 2: The diagnosis of **ADHD** requires that a child meet *Diagnostic and Statistical Manual of Mental Disorders*

Search NGC:

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Browse NGC:

[Disease/Condition](#)[Treatment/Intervention](#)[Organization](#)

Compare Guidelines

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Guideline Comparison

	Am Acad Child Adolesc Psychiatr 1997 Feb 14	Am Acad Pediatr 2000 May
TITLE:	Practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder.	Clinical practice guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.
ADAPTATION:	Not applicable: The guideline was not adapted from another source.	Not applicable: Guideline was not adapted from another source.
LENGTH:	37 pages	13 pages
DEVELOPER(S):	American Academy of Child and Adolescent Psychiatry - Medical Specialty Society	American Academy of Pediatrics - Medical Specialty Society
FUNDING SOURCE:	Not stated	American Academy of Pediatrics (AAP)
RATING SCHEME:	The validity of scientific findings was judged by design, sample selection and size, inclusion of comparison groups, generalizability, and agreement with other studies.	Not applicable
METHODS TO ANALYZE EVIDENCE:	Review	Systematic Review with Evidence Tables
VIEW MAJOR RECOMMENDATIONS:	View Major Recommendations	View Major Recommendations
AVAILABILITY OF FULL TEXT:	View Availability Information	View Full-text Guideline

Searching for Practice Guidelines in *PubMed*

Limit to **Practice Guideline** under
Type of Article

The screenshot shows the PubMed search interface. At the top, there is a search bar with the text "acute maxillary sinusitis" and buttons for "Go" and "Clear". Below the search bar, there are several tabs: "Limits", "Preview/Index", "History", "Clipboard", and "Details". The "Limits" tab is currently selected. Underneath the tabs, there is a section titled "Limit your search by any of the following criteria." which contains two main categories: "Type of Article" and "Ages".

The "Type of Article" section has a "CLEAR" button and a list of article types with checkboxes:

- Clinical Trial
- Editorial
- Letter
- Meta-Analysis
- Practice Guideline
- Randomized Controlled Trial
- Review

The "Ages" section has a list of age groups with checkboxes:

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years

The "Practice Guideline" option in the "Type of Article" section is circled in red.

Searching for Practice Guidelines in CINAHL

Limit to **Practice Guidelines** as a Publication Type

The screenshot shows the EBSCOhost search interface. At the top left is the EBSCOHOST logo with 'Research Databases' text. Navigation buttons include 'Basic Search', 'Advanced Search', 'Visual Search', and 'Choose Databases'. A green navigation bar contains links for 'New Search', 'Keyword', 'Publications', 'CINAHL Headings', 'Evidence-Based Care Sheets', 'Quick Lessons', 'Cited References', and 'Indexes'. The search results section shows 'Results for: sinusitis AND PT practice guidelines' with options to 'Add search to folder' and 'Display link to search'. A red circle highlights the search criteria table:

Find:	sinusitis	in	Select a Field (optional)	Search	Clear	?
and	practice guidelines	in	PT Publication Type			
and		in	Select a Field (optional)	Add Row		

Below the table, the search is limited to 'CINAHL Plus with Full Text'. A note states '(Searching: CINAHL Plus with Full Text)'. At the bottom, there are buttons for 'Refine Search', 'Search History/Alerts', and 'Results', along with a footer instruction: 'To store items added to the folder for a future session, Sign In to My EBSCOhost.'

***Navigate the Web
Beyond Basic Google
To Find Evidence?***



Navigation Difficulties

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- Lack of control or review
- Lack of quality standards



Google

google.com

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- *Relevance ranking* based on link analysis
- Google Advanced Search
www.google.com/advanced_search?hl=en
- Google Scholar *scholar.google.com*

Searching Google for Guideline/Guidelines



Web

Results

[Clinical Practice **Guideline**: Management of **Sinusitis**](#)

This clinical practice **guideline** is not intended as a sole source of guidance in the diagnosis and management of acute bacterial **sinusitis** in children. ...

www.aap.org/policy/0106.html - 70k - [Cached](#) - [Similar pages](#)

[Updated **Guidelines** for Diagnosis and Management of **Sinusitis**](#)

The American Academy of Allergy, Asthma, and Immunology and the American College of Allergy, Asthma, & Immunology have jointly updated their practice ...

www.medscape.com/viewarticle/518379 - [Similar pages](#)

[\[PDF\] **ADULT ACUTE SINUSITIS GUIDELINE**](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

ADULT ACUTE SINUSITIS GUIDELINE. This **guideline** is to be used to assist in clinical efficiency, but is not a substitute for clinical judgement. ...

health.ucsd.edu/ClinicalResources/sinusitisadult.pdf - [Similar pages](#)

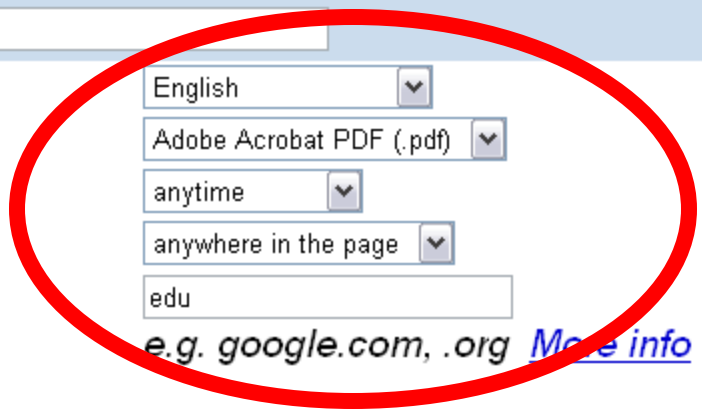
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www.google.com/advanced_search?hl=en

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- **Occurrences**, *i.e.* terms appear in title
- **Domain**, *i.e.* .gov, .edu
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Find results	with all of the words	<input type="text" value="sinusitis guideline"/>	<input type="text" value="10 results"/>
	with the exact phrase	<input type="text"/>	
	with at least one of the words	<input type="text"/>	
	without the words	<input type="text"/>	
Language	Return pages written in	<input type="text" value="English"/>	
File Format	<input type="text" value="Only"/> return results of the file format	<input type="text" value="Adobe Acrobat PDF (.pdf)"/>	
Date	Return web pages updated in the	<input type="text" value="anytime"/>	
Occurrences	Return results where my terms occur	<input type="text" value="anywhere in the page"/>	
Domain	<input type="text" value="Only"/> return results from the site or domain	<input type="text" value="edu"/>	
SafeSearch	<input checked="" type="radio"/> No filtering <input type="radio"/> Filter using SafeSearch		



Froogle Product Search (BETA)

Products	Find products for sale	<input type="text"/>	<input type="button" value="Search"/>
			To browse for products, start at the

Page-Specific Search

Similar	Find pages similar to the page	<input type="text"/>	<input type="button" value="Search"/>
			<i>e.g. www.google.com/help.html</i>
Links	Find pages that link to the page	<input type="text"/>	<input type="button" value="Search"/>

Topic-Specific Searches

[Advanced Search](#)
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Web

Results 1 - 10 of about 202,000 for sinusitis g

[\[PDF\] ADULT ACUTE SINUSITIS GUIDELINE](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

ADULT ACUTE **SINUSITIS GUIDELINE**. This **guideline** is to be used to assist in clinical efficiency, but is not a substitute for clinical judgement. ...

health.ucsd.edu/ClinicalResources/sinusitisadult.pdf - [Similar pages](#)

[\[PDF\] Sinusitis Guideline: General Comments](#)

File Format: PDF/Adobe Acrobat - [View as HTML](#)

Related National **Guidelines**. The UMHHC Clinical **Guideline** on Rhinosinusitis is consistent with Diagnosis and Treatment of Acute Bacterial. **Sinusitis** (1999) ...

cme.med.umich.edu/pdf/guideline/rhino05.pdf - [Similar pages](#)

[\[PDF\] CPG - Sinusitis](#)

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Clinical Practice **Guideline** for. **Sinusitis** Treatment (Rhinosinusitis). Acute bacterial **sinusitis** is an infection of the paranasal **sinuses** with inflammation ...

www.mahealthcare.com/practice_guidelines/Sinusitis.pdf - [Similar pages](#)

[\[PDF\] AMERICAN ACADEMY OF PEDIATRICS Clinical Practice Guideline](#)

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erbatons of chronic **sinusitis** are not included in this. **guideline**. CLINICAL PRACTICE **GUIDELINE: MANAGEMENT OF SINUSITIS** ...

www.antibioticos.msc.es/PDF/AAP_management_of_sinusitis.pdf - [Similar pages](#)

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- Now links to full text articles the UW subscribes to
- **Caution:** Not a reliable sole source for searching scholarly literature

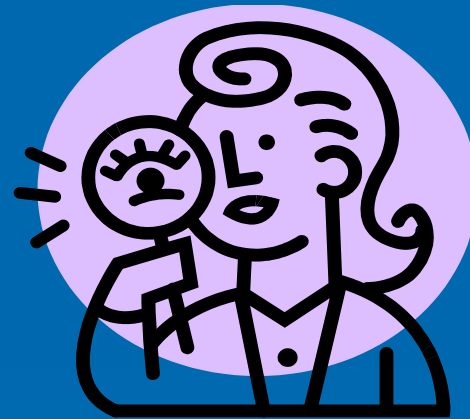
Must Evaluate Web Resources: Evaluation Strategies

- Evaluate using **Criteria for Evaluating Web Resources**
- Determine the type of site by analyzing **Web Site Addresses**
- A User's Guide to Finding and Evaluating Health Information on the Web
www.mlanet.org/resources/userguide.html

Criteria for Evaluating Web Sites

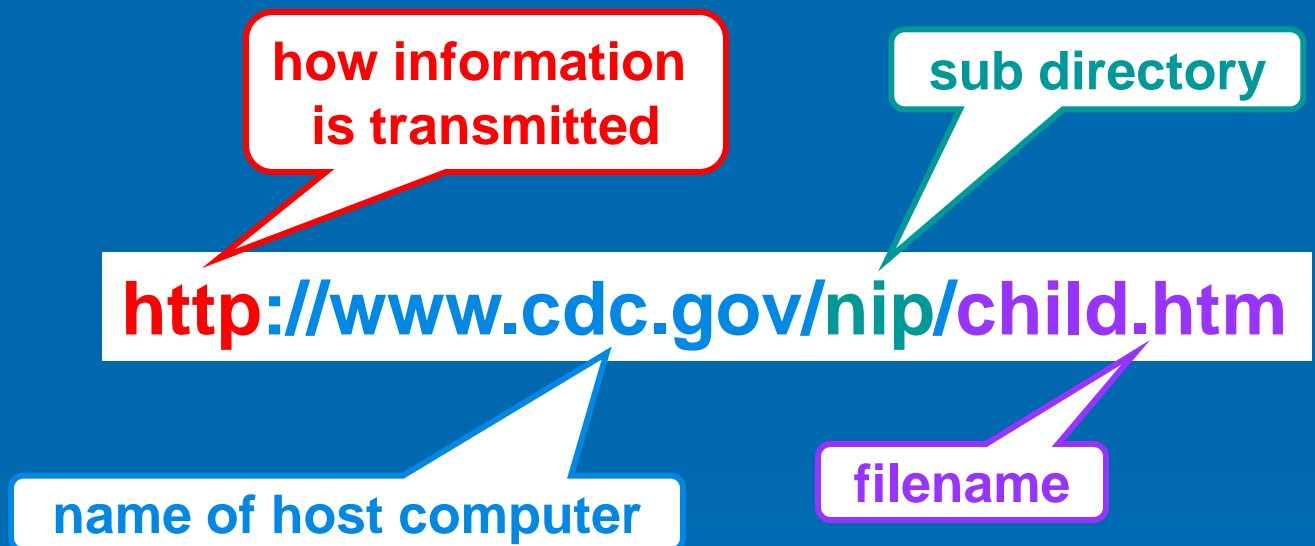
healthlinks.washington.edu/howto/navigating/criteria.pdf

- Authority
- Accuracy
- Objectivity
- Currency
- Coverage
- Design



Analyze the Website Address: URL (Uniform Resource Locator)

- edu
- org
- com
- gov



*Search for
Structured Abstracts and
Evidence Summaries*



Evidence Summaries/Synopses and Structured Abstract Resources

- Clinical Evidence (\$) clinicalevidence.bmj.com
- FPIN Clinical Inquiries (\$) www.fpin.org
- *Evidence Based Nursing* (\$) www.evidencebasednursing.com
- ACP Journal Club www.acpjc.org
- Bandolier www.ebandolier.com

Child health

Asthma and other wheezing disorders in children

Duncan Keeley and Michael McKean

[Interventions](#)
[Key points](#)
[About this condition](#)
[Updates \(19\)](#)
[Guidelines \(14\)](#)
[References](#)

You may prefer to [read the key points](#) of this review.

 [Print page](#)

We have searched the evidence for systematic and rigorous answers to the clinical questions and situations below, focusing on the outcomes that matter most to patients and clinicians. We have then categorised each treatment or intervention according to its harms and benefits in those situations.







Updates

We provide updates on this review evidence.

Respond

Remember to respond to comments that have not been addressed.

What are the effects of treatments for acute asthma in children?

Beneficial	 	<ul style="list-style-type: none"> * Beta₂ agonists (high dose nebulised) *
Likely to be beneficial	 	<ul style="list-style-type: none"> * Theophylline (intravenous)
Unknown effectiveness	 	<ul style="list-style-type: none"> * Ipratropium bromide (inhaled) added to salbutamol (after initial stabilisation) * Single dose ipratropium bromide (inhaled) added to beta₂ agonists (in emergency room)

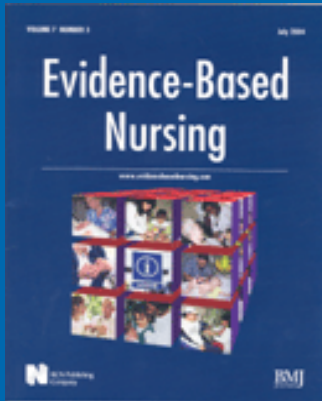
High dose inhaled corticosteroids versus oral corticosteroids:

We found one systematic review (search date 2003, 4 RCTs, [13], one subsequent RCT, [14] and one additional RCT. [15] The systematic review compared the effects of initial treatment with high dose inhaled corticosteroids versus oral corticosteroids in hospital emergency departments on admission rates. [13] The review did not pool results from the RCTs because of marked heterogeneity among the studies. One RCT (103 children with moderate to severe asthma, aged 5–16 years, mean initial forced expiratory volume in 1 second [FEV₁], 45%) compared fluticasone (2 mg through metered dose inhaler with spacer) versus prednisolone 2 mg/kg orally. [16] It found that prednisolone reduced hospital admission (31% with inhaled fluticasone v 10% with oral prednisolone; P = 0.01) and increased mean FEV₁ at 4 hours (9% with inhaled fluticasone v 19% with oral prednisolone; P = 0.001). [16] The second RCT (128 children with mild to moderate asthma, aged 1–17 years) in the review compared dexamethasone (1.5 mg/kg through nebuliser) versus prednisolone 2 mg orally. [17] It found no significant difference between nebulised dexamethasone and oral prednisolone in rates of hospital admission (12/56 [21%] with nebulised dexamethasone v 17/55 [31%] with oral prednisolone; ARR +9.5%, 95% CI –8.0% to +21.0%; RR 0.69, 95% CI 0.36 to 1.27), but found fewer relapses with nebulised dexamethasone within 48 hours after discharge (0/44 [0%] with nebulised dexamethasone v 6/38 [16%] with oral prednisolone; ARR 16.0%, 95% CI 27.0% to 4.5%); however, all children in the RCT received a 5 day course of prednisolone (2 mg/kg/day) on discharge. [17] In the remaining two RCTs (104 children with mild to moderate asthma, budesonide (800 µg through nebuliser at 1, 30, and 60 minutes; [18] 1600 µg through turbohaler [19]) was compared with prednisolone 2 mg/kg orally. [18] [19] One RCT found no significant difference between treatments in hospital admission (1/41 [2.4%] with inhaled corticosteroids v 5/39 [12.8%] with oral corticosteroids; OR 0.17, 95% CI 0.02 to 1.53). [18] The other RCT reported no admissions. [19] The subsequent RCT (321 children aged 4–16 years, peak expiratory flow rate 40–75% predicted) compared nebulised fluticasone (1 mg twice daily for 7 days) versus oral prednisolone (2 mg/kg for 4 days then 1 mg/kg for 3 days). It found that nebulised fluticasone significantly improved mean morning peak expiratory flow rate over 7 days compared with oral prednisolone (difference 9.5 L/minute, 95% CI 2.0 L/minute to 17.0 L/minute). No significant differences were found in symptom scores or withdrawals. [14] The additional RCT (46 children, aged 5–16 years, admitted to hospital with severe exacerbations of asthma) compared nebulised budesonide (2 mg/hour) versus oral prednisolone 2 mg/kg at admission and after 24 hours. [15] It found no significant difference between groups in FEV₁ at 24 hours, or at 3 and 24 days after admission. All children in this trial were treated with budesonide 800 µg daily after discharge from hospital.

Harms

The systematic review found no significant adverse effects with inhaled corticosteroids. [13] The subsequent RCT found no significant difference in the profile of adverse events between inhaled fluticasone and oral prednisolone, except

Clinical Evidence



Evidence Based Nursing

- Surveys a wide range of international medical journals applying strict criteria for the quality and validity of research
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- Key details of these essential studies are presented in a succinct, informative **abstract** with an **expert commentary** on its clinical application

Evidence Based Nursing review

Review: soft drink consumption is associated with increased energy intake and body weight

Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health* 2007;97:667-75.

Q Is soft drink consumption associated with increased energy intake, increased body weight, displacement of nutrients, and an increased risk of chronic disease?

METHODS



Data sources: Medline, PsycINFO, Web of Science database, bibliographies of identified articles, and authors of included articles.



Study selection and assessment: articles that assessed the relation between soft drink consumption and the 4 primary outcomes listed below. 88 articles (cross-sectional studies, longitudinal studies, and randomised controlled trials) were included in the analysis



Outcomes: milk intake nutrition or as follows: medium, a

CONCLUSION

Soft drink consumption is associated with increased energy intake and body weight and reduced milk and calcium intake.

MAIN RESULTS

Only the results of the longitudinal studies associated with increased energy intake and reduced milk and calcium intake.

For correspondence: Dr K D Brownell, Yale University, New Haven, CT, USA. kelly.brownell@yale.edu

Source of funding: Rudd Foundation.

Commentary

The review by Vartanian *et al* adds to our knowledge of the negative effects of soft drink consumption on nutrition and health. Overall, this review of 88 randomised controlled trials, longitudinal, and cross-sectional studies was strong. The authors considered variables such as funding sources, and the results of the review are strengthened by greater associations found across these studies with more robust designs.

review: the greater the soft drink consumption, the greater the energy intake. Using clinical expertise, most practitioners would recommend that the benefits of limiting soft drink consumption outweigh the risks. Thus, the review by Vartanian *et al* provides practitioners with evidence to recommend limiting soft drink consumption to their clients.

Jennifer
New York University College of
New York

Associations between soft drink consumption and various outcomes*

Outcomes	Number and type of studies	Mean effect size (p)
Energy intake	5 longitudinal studies	0.24 (p < 0.001)

Evidence-Based Nursing

Contents

Purpose and procedure	98	A care management intervention improved depression after stroke	11
EBN notebook		Assessment (screening or diagnosis)	
How to write a commentary—an editor’s perspective	100	Review: ultra-short screening tests are not highly accurate for detecting depression in primary care.....	11
Thanks to our commentators who contributed to <i>Evidence-Based Nursing</i> in 2007	104	Causation	
Treatment		Review: bed sharing between parents and infants exposed to smoke may increase the risk of sudden infant death syndrome.....	11
A cognitive–behavioural parenting intervention reduced problem behaviours in at-risk preschool children and improved parenting skills in socially disadvantaged families	105	Review: soft drink consumption is associated with increased energy intake and body weight	12
Review: advance provision of emergency contraception increases its use but does not reduce unplanned pregnancies.....	106	Quality improvement	
Review: partner notification interventions can reduce persistent or recurrent sexually transmitted infections	107	Use of a treatment algorithm did not improve blood pressure control in primary care patients with type 2 diabetes.....	12
Duct tape was not effective for common warts in adults	108	Clinical prediction guide	
Review: inhaled corticosteroids increase risk of oral candidiasis, dysphonia, and pharyngitis in persistent	108	A severity score comprising patient age, ulcer chronicity, and venous refill time predicted venous leg ulcer healing at 24 weeks	12

Point of Care Evidence-Based Resources: have some level of evidence based information (\$)

- ACP Pier pier.acponline.org
- DiseaseDex
www.micromedex.com/products/diseasedexgeneral
- DynaMed www.ebscohost.com/dynamed
- Evidence Matters evidencematters.com
- FIRST Consult firstconsult.com
- InfoPOEMS infopoems.com
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Overview of the management of osteoporosis in women

- ▶ [INTRODUCTION](#)
- ▶ [NONPHARMACOLOGIC THERAPY](#)
 - [Calcium/Vitamin D](#)
 - [Diet](#)
 - [Exercise](#)
 - [Intensity of exercise](#)
 - [Cessation of smoking](#)
- ▶ [DRUG THERAPY](#)
 - [Monitoring the response to therapy](#)
 - [Option 1](#)
 - [Option 2](#)
 - [Option 3](#)
 - [Option 4](#)
 - [Bisphosphonates](#)
 - [Selective estrogen receptor modulators](#)
 - [Estrogen/progestin therapy](#)
 - [Premenopausal women with hypothalamic amenorrhea](#)
 - [Parathyroid hormone](#)
 - [PTH plus bisphosphonate therapy](#)
 - [Calcitonin](#)
 - [Calcitriol](#)
 - [Sodium fluoride](#)
 - [Combination therapy](#)
 - [Isoflavones](#)
 - [Thiazide diuretics](#)
 - [Tibolone](#)
 - [Recommendations](#)
- ▶ [MEDICAL INTERVENTION AFTER FRACTURE](#)
- ▶ [OTHER POTENTIAL THERAPIES](#)
 - [Androgens](#)
 - [Growth factors](#)
 - [Statins](#)
 - [Strontium ranelate](#)
 - [Folate and vitamin B12](#)
- ▶ [REFERENCES](#)

GRAPHICS

- ▶ [FIGURES](#)
 - [Alendronate dose osteoporosis](#)
 - [Alendronate prevents bone loss](#)
 - [Continuous alendronate and BMD](#)
 - [HRT and hip fracture WHI](#)
 - [CT and osteoporotic bone pain](#)
 - [Estrogen plus CT osteoporosis](#)
- ▶ [TABLES](#)
 - [Cost of Rx of osteoporosis](#)

RELATED TOPICS

- ▶ [Overview of osteoporosis in men](#)
- ▶ [Epidemiology and causes of osteoporosis](#)

Overview of the management of osteoporosis in women

[Hillel N Rosen, MD](#)
[Marc K Drezner, MD](#)

UpToDate performs a continuous review of over 330 journals and other resources. Updates are added as important new information is published. The literature review for version 13.3 is current through August 2005; this topic was last changed on September 13, 2005. The next version of UpToDate (14.1) will be released in February 2006.

INTRODUCTION — Prevention and treatment of osteoporosis consists of non-drug and drug or hormonal therapy [1,2]. This topic review will provide an overview of the approach to therapy of osteoporosis in postmenopausal women. The treatment of osteoporosis in men, and the pathogenesis, causes, and diagnosis of osteoporosis are discussed separately. (See "[Overview of osteoporosis in men](#)", see "[Epidemiology and causes of osteoporosis](#)", and see "[Pathogenesis of osteoporosis](#)" and see "[Clinical manifestations and diagnosis of osteoporosis](#)", section on Suggested approach to exclude secondary causes).

In the past, estrogen replacement was considered a primary therapy for the prevention of postmenopausal osteoporosis. Estrogen had the additional advantages of controlling menopausal symptoms and presumptive prevention or delay of cardiovascular disease. However, data from the Women's Health Initiative (WHI) revealed that estrogen-progestin therapy does not reduce the risk of coronary heart disease, and increases the risk of breast cancer, stroke, and venous thromboembolic events [3]. (See "[Postmenopausal hormone therapy: Benefits and risks](#)").

As a result of these findings, other antiresorptive agents are now the drugs of choice, and are prescribed more frequently for the prevention and treatment of osteoporosis in postmenopausal women [4].

NONPHARMACOLOGIC THERAPY — There are three components to the nondrug therapy of osteoporosis: diet, exercise, and cessation of smoking. In addition, affected patients should avoid, if possible, drugs that increase bone loss, such as glucocorticoids. (See "[Glucocorticoids and osteoporosis: Pathogenesis and clinical features](#)" and see "[Drugs that affect bone metabolism](#)").

Calcium/Vitamin D — An optimal diet for treatment (or prevention) of osteoporosis includes an adequate intake of calories (to avoid malnutrition), calcium, and [vitamin D](#).

Postmenopausal women (and older men) should take adequate supplemental elemental calcium (generally 500 to 1000 mg/day), in divided doses, at mealtime, such that their total calcium intake, inclusive of food calcium, approximates 1500 mg/day [5]. (See "[Calcium supplementation in osteoporosis](#)"). In addition to its beneficial effects on the skeleton, calcium supplementation may favorably affect serum lipids [6]. Furthermore, there is some evidence that calcium intake is inversely associated with cardiovascular disease in postmenopausal women. (See "[Lipid lowering with diet or dietary supplements](#)", section on Calcium).

Women should also ingest a total of 800 IU of [vitamin D](#) daily. Higher doses are required if they have malabsorption or rapid metabolism of vitamin D due to concomitant anticonvulsant drug therapy. Data on the efficacy of vitamin D replacement for osteoporosis are discussed in detail elsewhere. (See "[Vitamin D therapy in osteoporosis](#)", section on Recommendations).

Diet — When celiac disease is a major contributor to osteopenia, a gluten-free diet will result in improvement in bone mineral density [7]. (See "[Management of celiac disease in adults](#)").

Protein intake may be an important component of the diet, particularly in women who already have osteoporotic fractures. This was

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Carpal tunnel syndrome [Expand All](#) [Collapse All](#) 

General Information (including ICD-9/-10 Codes)
Causes and Risk Factors
Complications and Associated Conditions
History
Physical
Diagnosis
Prognosis
Treatment
Prevention and Screening

Carpal tunnel syndrome

Updated 2007 Sep 21 03:37 PM: review article commentary (BMJ 2007 Sep 1)
Work Loss Data Institute disability guideline for carpal tunnel syndrome (National Guideline Clearinghouse 2007 Sep 3)
continued peer review

- ▶ [General Information \(including ICD-9/-10 Codes\)](#)
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- ▶ [References including Reviews and Guidelines](#)
- ▶ [Patient Information](#)
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Treatment overview:

DynaMed

Level 1
evidence

- treat any underlying disorder
- avoid, reduce or modify exacerbating activities (including ergonomic changes)
- **treatments with randomized trial evidence for short-term efficacy**
 - local corticosteroid injection - systematic review of 12 trials (level 1 [likely reliable] evidence)
 - oral corticosteroids - 2 trials (level 1 [likely reliable] evidence)
 - yoga - 1 trial (level 2 [mid-level] evidence)
 - continuous low-level heat wrap therapy - 1 trial (level 2 [mid-level] evidence)
 - carpal bone mobilization - 1 trial (level 2 [mid-level] evidence)
 - lidocaine patch 5% - 1 trial compared to injection (level 2 [mid-level] evidence)
 - local insulin injection - 1 trial in patients with diabetes (level 2 [mid-level] evidence)
- **treatments with inconsistent evidence for short-term efficacy**
 - splinting (hand brace) (level 2 [mid-level] evidence)
 - exercises (level 2 [mid-level] evidence)
 - pyridoxine (vitamin B6) - likely ineffective (level 2 [mid-level] evidence)
 - therapeutic ultrasound (level 2 [mid-level] evidence)
 - ergonomic keyboards (level 2 [mid-level] evidence)
 - topical steroids via iontophoresis/phonophoresis (level 2 [mid-level] evidence)
- **treatments unlikely to be beneficial** - ineffective in randomized trials
 - NSAIDs (level 2 [mid-level] evidence)
 - diuretics (level 2 [mid-level] evidence)
 - magnet therapy (level 2 [mid-level] evidence)
 - chiropractic care (level 2 [mid-level] evidence)
 - internal neurolysis in conjunction with open carpal tunnel release

Use Meta-Search Engines

Allow you to search multiple other search engines simultaneously and combines the results



Special Meta -Search Engines that find evidence sites

TRIP

tripdatabase.com



Prime Evidence

primeanswers.org/primeanswers/search/evidence



SUMSearch

sumsearch.uthscsa.edu

TRIP Database

www.tripdatabase.com

- Meta-search engine
- Performs a simple search of more than 75 databases
- Finds evidence-based resources
- Searches Cochrane, National Guideline Clearinghouse, Bandolier, etc.

TRIP search: prevention of pressure ulcers

The screenshot shows the TRIP database search results for the query 'prevention of pressure ulcers'. The search bar is highlighted with a red circle. The page features a navigation bar with links for Home, About Us, EBM Links, My Trip, Trip Blog, and Contact Us. Below the navigation bar are tabs for Evidence Based Medicine, Medical Images, and Patient Information Leaflets. The main content area displays search results, including a list of records with titles and publication years. A right-hand sidebar provides a 'Filter by:' section with counts for various categories like Evidence Based Synopses, Clinical Questions, Systematic Reviews, Guidelines, Core Primary Research, E-Textbooks, and Clinical Calculators. Below the filter section is a 'Medline Articles:' section with counts for Therapy, Diagnosis, Systematic Reviews, Prognosis, and Etiology.

trip database

Turning Research Into Practice

pressure ulcers prevention Search

Advanced Search

Advertise on Trip | Add TRIP to your website

Home | About Us | EBM Links | My Trip | Trip Blog | Contact Us

Evidence Based Medicine | Medical Images | Patient Information Leaflets

Why not advertise here?

Search Results
1266 records
[See the synonyms used](#)

Randomised, controlled trial of alternating pressure mattresses compared with alternating pressure overlays for the prevention of pressure ulcers: PRESSURE (pressure relieving support surfaces) trial.
BMJ, 2006

Pressure ulcer prevention
NHS Quality Improvement Scotland, 2005

Support surfaces for pressure ulcer prevention
Cochrane Database of Systematic Reviews, 2004

Prevention of pressure ulcers.
National Guideline Clearinghouse (USA), 2002

Prediction and prevention of pressure ulcers in adults.
National Guideline Clearinghouse (USA), 2001

Filter by:

Evidence Based Synopses	48
Clinical Questions	10
Systematic Reviews	91
Guidelines	
- North America	90
- Europe	96
- Other	14
Core Primary Research	11
E-Textbooks	906
Clinical Calculators	0

Medline Articles:

Therapy	100
Diagnosis	24
Systematic Reviews	172
Prognosis	46
Etiology	74

SUMSearch

sumsearch.uthscsa.edu

SUMSearch - Documents found

Search for **PRESSURE ULCERS**
(Focus: NOFOCUS, ages: all, subjects: HUMAN)

[New Online EBP calculator](#)

For broad discussions that are easy to read, but not as up-to-date

Texts

 Wikipedia 276 documents.

Scroll down or [Click here to view first 10](#)

 [Selected journals](#) at PubMed 0 documents.
PubMed-FullText did not complete a response within time, consider searching PubMed-FullText [directly](#) or searching later.

Practice Guidelines *([some guidelines are systematic reviews](#))*

 National Guideline Clearinghouse™ 29 documents.

Scroll down or [Click here to view first 20](#)
Additional guidelines for your topic may be available from:
[AHRQ-Practice Guidelines](#)

 PubMed (possible guidelines) 30 documents.

Scroll down or [Click here to view first 20](#)

For more up-to-date answers to specific questions, but are harder to read

Systematic reviews *([what is so good about systematic reviews?](#))*

 DARE (includes [Cochrane abstracts](#)) 33 documents.

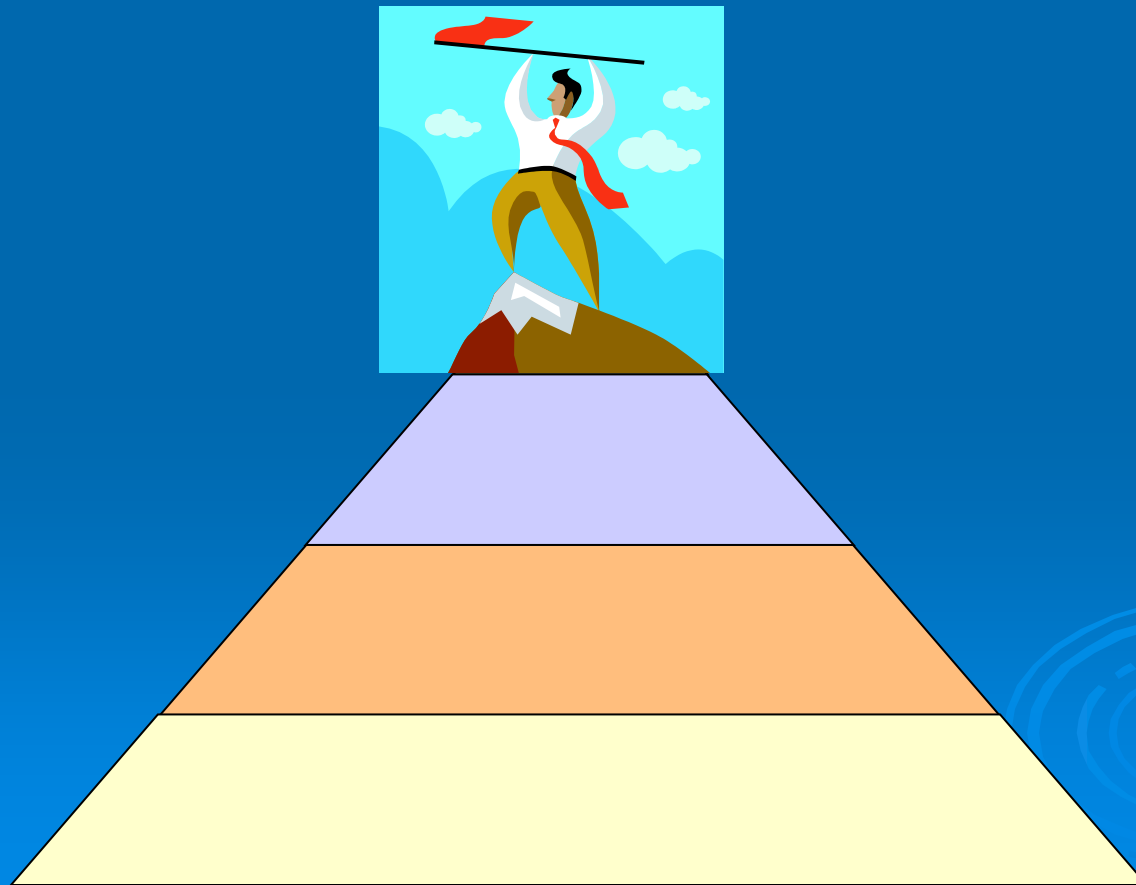
Scroll down or [Click here to view first 20](#)

 PubMed (possible systematic reviews) 284 documents.

Scroll down or [Click here to view first 20](#)

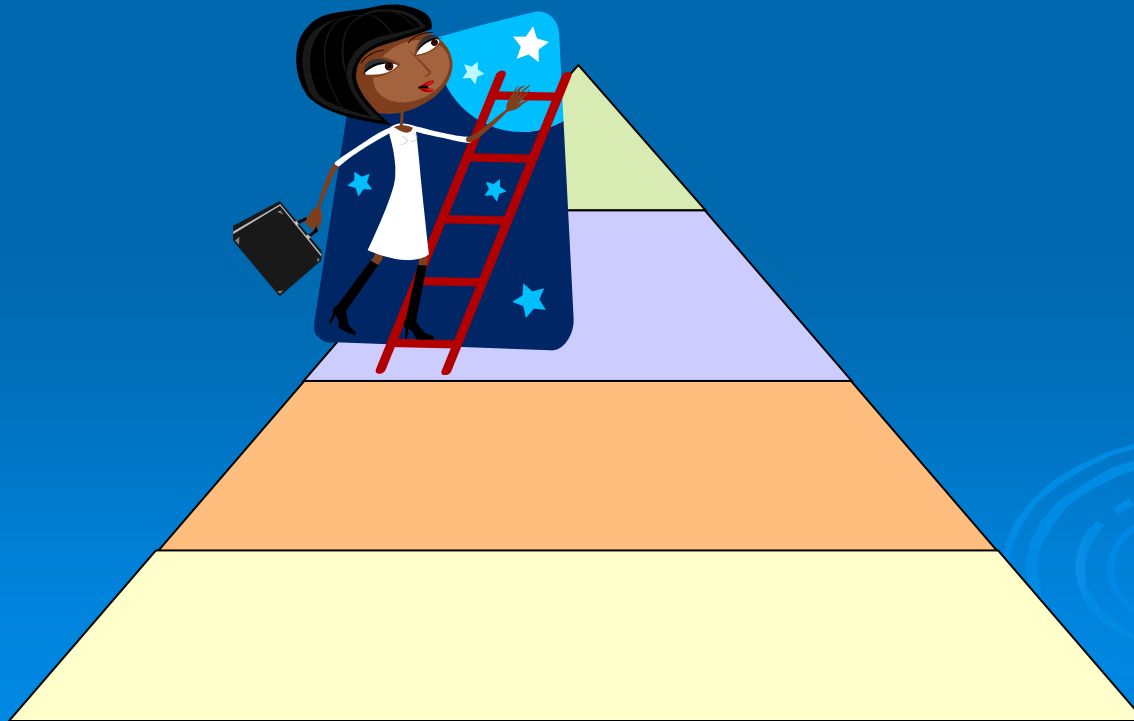
Search for Systematic Reviews and Meta-Analyses

Top of the evidence pyramid




Search for Systematic Reviews and Meta-Analyses

Top of the evidence pyramid



A ***Systematic review***: is a literature review focused on a single question which tries to identify, appraise, select and synthesize all high quality research evidence relevant to that question.

Meta-analyses: are systematic reviews that combine the results of several studies using quantitative statistics.

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.

Systematic Review/Meta-Analyses Resources

- Cochrane Database of Systematic Reviews (CDSR) (\$)
- Database of Abstracts of Reviews of Effects (DARE)
- PubMed Systematic Reviews
- CINAHL/CINAHL Plus (\$)



BROWSE

Cochrane Reviews: [By Topic](#) | [New Reviews](#) | [Updated Reviews](#) | [A-Z](#) | [By Review Group](#)
Other Resources: [Other Reviews](#) | [Clinical Trials](#) | [Methods Studies](#) | [Technology Assessments](#) | [Economic Evaluations](#)

SEARCH

Pressure ulcers beds

Title, Abstract or

[More Info](#) | [Advanced Search](#) | [MeSH Search](#) | [Search History](#)

[Review] Support surfaces for pressure ulcer prevention

[PDF](#) (Size 366K)

- [Abstract](#)
- [Plain language summary](#)
- [Background](#)
- [Objectives](#)
- [Criteria for considering studies for this review](#)
- [Search methods for identification of studies](#)
- [Methods of the review](#)
- [Description of studies](#)
- [Methodological quality](#)
- [Results](#)
- [Discussion](#)
- [Authors' conclusions](#)
- [Potential conflict of interest](#)
- [Acknowledgements](#)
- [Characteristics of included studies](#)
- [Characteristics of excluded studies](#)

[Review] Support surfaces for pressure ulcer prevention

N Cullum, E McInnes, SEM Bell-Syer, R Legood

Cochrane Database of Systematic Reviews 2007 Issue 1

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DOI: 10.1002/14651858.CD001735.pub2 This version first published online: 19 July 2004 in Issue 3, 2004

Date of Most Recent Substantive Amendment: 20 May 2004

This record should be cited as: Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention. *Cochrane Database* No.: CD001735. DOI: 10.1002/14651858.CD001735.pub2.

Abstract

Background

Pressure ulcers (also known as bedsores, pressure sores, decubitus ulcers) are areas of localised damage to the skin and underlying tissue caused by prolonged pressure and friction. They are common in the elderly and immobile and costly in financial and human terms. Pressure-relieving beds, mattresses and overlays are used to prevent pressure ulcers. This review assesses the effectiveness of pressure-relieving beds, mattresses and overlays to prevent pressure ulcers in both institutional and non-institutional settings.

Objectives

This systematic review seeks to answer the following questions:

- to what extent do pressure-relieving cushions, beds, mattress overlays and mattress replacements reduce the incidence of pressure ulcers compared to standard support surfaces?
- how effective are different pressure-relieving surfaces in preventing pressure ulcers, compared to one another?

Search strategy

The Specialised Trials Register of the Cochrane Wounds Group (compiled from regular searches of many electronic databases including

Finding Systematic Reviews and Meta-Analyses in *PubMed*

- Use Clinical Queries Section: Systematic Reviews

Find Systematic Reviews

For your topic(s) of interest, this search finds citations for systematic reviews, meta-analyses, clinical trials, evidence-based medicine, consensus development conferences, and guidelines.

For more information, see [Help](#). See also [related sources](#) for systematic review searching.

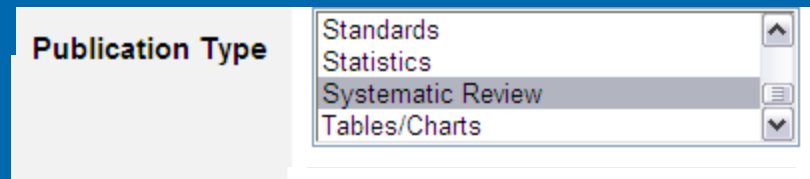
Search

- Limit to Type of Article: Meta-Analyses

Type of Article	CLEAR
<input type="checkbox"/> Clinical Trial	↑ ☰ ↓
<input type="checkbox"/> Editorial	
<input type="checkbox"/> Letter	
<input checked="" type="checkbox"/> Meta-Analysis	
<input type="checkbox"/> Practice Guideline	
<input type="checkbox"/> Randomized Controlled Trial	
<input type="checkbox"/> Review	

Finding Systematic Reviews and Meta-Analyses in *CINAHL Plus*

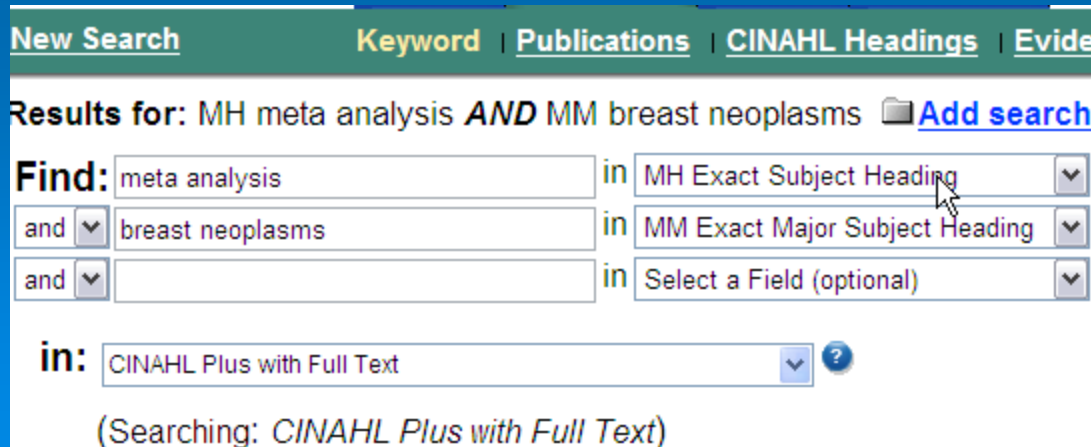
- Refine search to Publication Type: Systematic Reviews



Publication Type

- Standards
- Statistics
- Systematic Review
- Tables/Charts

- Search for Meta Analysis as a Subject Heading



New Search | Keyword | Publications | CINAHL Headings | Evid

Results for: MH meta analysis **AND** MM breast neoplasms [Add search](#)

Find: meta analysis in MH Exact Subject Heading

and breast neoplasms in MM Exact Major Subject Heading

and in Select a Field (optional)

in: CINAHL Plus with Full Text

(Searching: CINAHL Plus with Full Text)

Search for Evidence in Drug and Natural Medicines Databases

- Micromedex (\$)
- Natural Medicines Comprehensive Database (\$)
 - www.naturaldatabase.com
- Natural Standard Online
 - Available through MedlinePlus
 - www.nlm.nih.gov/medlineplus/druginformation.html

Micromedex (\$)


www.micromedex.com

- Clinical information on toxicology, drugs, drug interactions, and reproductive risks
- Provides evidence-based medical information: DiseaseDex
- Provides evidence-based drug information
- Available at most hospitals and on the UW HealthLinks Care Provider Toolkit

Natural Medicines Comprehensive Database (\$)

Search:

[Advanced Search](#)

NATURAL MEDICINES
COMPREHENSIVE DATABASE 

Scientific Gold Standard for Evidence-Based, Clinical Information on Natural Medicines

[Home](#) | [Print Version](#) | [Patient Handout](#) | [References](#) | [Brand Names](#)

Search Results > FENUGREEK

FENUGREEK

Quick Links:

Full Monograph	Interactions with Drugs	Also Known As
Safety	Interactions with Herbs	People Use This For
Effectiveness	Interactions with Food	Mechanism of Action
Adverse Reactions	Interactions with Lab Tests	Editor's Comments
Dosage/Administration	Interactions with Diseases	References
		Patient Handout

[View Products Containing: FENUGREEK](#)

Also Known As: [Alholva](#), [Bird's Foot](#), [Bockshornklee](#), [Bockshornsame](#), [Chandrika](#), [Egypt Fenugreek](#), [Foenugraeci Semen](#), [Foenugreek](#), [Greek Clover](#), [Greek Hay](#), [Greek Hay Seed](#), [Hu Lu Ba](#), [Methi](#), [Methika](#), [Medhika](#), [Trigonella](#).

Scientific Name: [Trigonella foenum-graecum](#); [Trigonella foenugraecum](#).
Family: [Fabaceae/Leguminosae](#).

People Use This For: Orally, fenugreek is used for lowering blood glucose in people with diabetes, loss of appetite, dyspepsia, gastritis, constipation, atherosclerosis, high serum cholesterol and triglycerides, and for promoting lactation. [consciousness may also occur in children drinking tea made from fenugreek \(9782\)](#).

and flatulence (622,12534). V
ctions including nasal con
ck (719). The paste of fenu
ness, facial swelling, and w
may cause the neonate to
does not appear to cause l
fenugreek tea. Loss of

Interactions with Herbs & Supplements:

HERBS WITH ANTICOAGULANT/ANTIPLATELET POTENTIAL: Concomitant use of herbs that have co
that might affect platelet aggregation could theoretically increase the risk of bleeding in some people
(5191,7162,7389). These herbs include angelica, clove, danshen, garlic, ginger, ginkgo, red clover, tur

Drugs, Supplements & Herbal Information page

www.nlm.nih.gov/medlineplus/druginformation.html

Skip navigation



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NATIONAL INSTITUTES OF HEALTH

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[Home](#) [Health Topics](#) [Drugs & Supplements](#) [Encyclopedia](#) [Dictionary](#) [News](#) [Directories](#) [Other Resources](#)

[español](#)

Drug Information

Browse by first letter of generic or brand name drug:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [0-9](#)

Information on thousands of prescription and over-the-counter medications is provided through two drug resources

- MedMaster™†, a product of the [American Society of Health-System Pharmacists \(ASHP\)](#)
- USP DI® Advice for the Patient® ‡, a product of the [United States Pharmacopeia \(USP\)](#).

For additional drug information, see the MedlinePlus [drug therapy](#) topic pages.

Herbs and Supplements

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Natural Standard is an international research collaboration that aggregates and synthesizes data on complementary and alternative therapies.

- Using a comprehensive methodology and reproducible grading scales, information is created that is evidence-based, consensus-based, and peer-reviewed
- Tapping into the collective expertise of a multidisciplinary Editorial Board.

For additional herb and supplement information, see the MedlinePlus [herbal medicine](#) topic page.

105 Herbs and Supplements Monographs in English & Spanish Peppermint oil

Peppermint oil (*Mentha x piperita* L.)

Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Commercial distribution prohibited. This monograph is intended for informational purposes only, and should not be interpreted as specific medical advice. You should consult with a qualified healthcare provider before making decisions about therapies and/or health conditions.



While some complementary and alternative techniques have been studied scientifically, high-quality data regarding safety, effectiveness, and mechanism of action are limited or controversial for most therapies. Whenever possible, it is recommended that practitioners be licensed by a recognized professional organization that adheres to clearly published standards. In addition, before starting a new technique or engaging a practitioner, it is recommended that patients speak with their primary healthcare provider(s). Potential benefits, risks (including financial costs), and alternatives should be carefully considered. The below monograph is designed to provide historical background and an overview of clinically-oriented research, and neither advocates for or against the use of a particular therapy.

Related Terms:

- Balm mint, black peppermint, brandy mint, curled mint, Feullis de menthe, Japanese peppermint, Katzenkraut (German), lamb mint, *Mentha arvensis* L. var *piperascens*, menta prima (Italian), *Menthae piperitae aetheroleum* (peppermint oil), *Menthae piperita* var *officinalis*, *Menthae piperitae folium* (peppermint leaf), *Menthe anglaise*, *Menthe poivre*, *Menthe poivree*, *Mentha piperita* var *vulgaris*, Our Lady's mint, pebermynte (Danish), Pfefferminz (German), Porminzen, Schmecker, spearmint (*Mentha spicata* L.), water mint (*Mentha aquatica*), white peppermint, WS(R) 1340.
- **Essential oil constituents:** Cineol, isomenthone, liminene, menthofuran, menthol, menthone, menthyl acetate, terpenoids.
- **Leaf constituents:** Caffeic acid, chlorogenic acid, luteolin, hesperidin, rutin, "volatile" oil.
- **Selected brand names:** Ben-Gay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contains peppermint and caraway oil), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops, SX Mentha®, Vicks VapoRub®.
- **Combination products:** Absorbine Jr.®, Iberogast®, Listerine®.

Aceite de menta (*menta piperita*)

Natural Standard Bottom Line Monograph, Copyright © 2005 (www.naturalstandard.com). Se prohíbe su distribución comercial. Esta monografía tiene la intención de servir para fines informativos únicamente, por lo cual no se debe interpretar como un consejo médico específico. Usted deberá consultar con un proveedor médico calificado antes de tomar decisiones respecto a terapias y/o afecciones de salud.



No obstante se han estudiado de forma científica ciertas técnicas complementarias y alternas, para la mayoría de las terapias hay limitación o controversia sobre los datos de alta calidad respecto a la seguridad, eficacia y mecanismo de acción. Se recomienda, al máximo posible, que los practicantes cuenten con licencias expedidas por una organización profesional reconocida que se adhiera a normas claramente publicadas. Además, antes de iniciar una nueva técnica o contratar a un practicante, se recomienda que los pacientes consulten con su(s) proveedor(es) médico(s) principal(es). Se deben considerar atentamente los beneficios y riesgos potenciales (incluye los costos financieros) así como las alternativas. La siguiente monografía está diseñada para ofrecer una historia y un resumen de la investigación con orientación clínica, y la misma ni defiende ni se opone al uso de una terapia en particular.

Términos relacionados:

- **Bálsamo de menta, menta negra, menta de brandy, menta crespá, Feullis de menthe, menta japonesa, Katzenkraut (alemán), menta de cordero, menta arvenis, L. var piperascens, menta prima (italiano), Menthae piperitae aetheroleum (aceite de menta) Menthae piperita var officinalis, Menthae piperitae folium (hoja de menta), Menthe anglaise, Menthe poivree, Mentha piperita var vulgaris, Our Lady's mint, pebermynte (danés), Pfefferminz (alemán), Porminzen, Schmecker, hierbabuena (Mentha spicata), menta acuática (Mentha aquatica), menta blanca, WS (R) 1340.**
- **Elementos constituyentes esenciales del aceite:** Cineol, isomentona, limoneno, mentofurano, mentol, mentona, acetato de mentilo, terpenoides.
- **Elementos constituyentes de la hoja:** Ácido cafeico, ácido clorogénico, luteolina, hesperidina, rutin, aceite "volátil".
- **Selección de marcas registradas:** BenGay®, Colpermin®, China Maze, Cholaktol, Citaethol, Enteroplant® (contiene aceite de menta y alcaravea), Kiminto, Mentacur, Mentholatum, Mintec, Rhuli Gel®, Robitussin® cough drops (pastillas para la tos), SX Mentha®, Vicks VapoRub®.

Evidence [Return to top](#)

These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these conditions should be evaluated by a qualified healthcare provider.

Uses based on scientific evidence	Grade*
Indigestion (non-ulcer dyspepsia) <p>There is preliminary evidence from a small number of controlled trials that a combination of peppermint oil and caraway oil may be beneficial for dyspepsia (heartburn) symptoms. However, most studies have been poorly designed (methodologically weak with small sample sizes, inadequate use of control or placebo groups, unclear descriptions of blinding and randomization, and lack of use of standardized scales for identifying subjects or assessing endpoints). It is not clear which constituent(s) may be beneficial. Nonetheless, the existing evidence does suggest efficacy of this combination. It should be noted that heartburn can actually be a side effect of taking oral peppermint oil, which has been reported by patients in several controlled trials of peppermint oil. Patients with chronic heartburn should be evaluated by a qualified healthcare provider and may be advised to undergo a diagnostic endoscopy prior to initiating any treatment for heartburn.</p>	B
Irritable bowel syndrome (IBS) <p>Multiple randomized controlled trials of peppermint suggest significant improvements in irritable bowel syndrome (IBS) symptoms. Although the mechanism of action is not clear, pre-clinical studies suggest smooth muscle relaxing properties of peppermint (calcium antagonism may play a role). Enteric-coated peppermint preparations are generally recommended. Overall, studies have been brief with small sample sizes and methodological weaknesses (unclear diagnostic criteria, lack of validated measurement scales, unclear blinding and randomization procedures). Well-designed large trials are necessary before a strong recommendation can be made. Future studies should use standardized symptom scales and established diagnostic criteria to classify patients prior to enrollment (such as Rome II Diagnostic Criteria), uniform dosing and standardization, and longer duration.</p>	B
Antispasmodic (gastric spasm) <p>One study reports that peppermint oil solution administered intraluminally can be used as an antispasmodic agent with superior efficacy and fewer side effects than hyoscine-N-butylbromide administered by intramuscular injection during upper endoscopy.</p>	C
Tension headache <p>Application of diluted peppermint oil to the forehead and temples has been tested in people with headache. Studies have not been well conducted, and it is not clear if this is an effective treatment.</p>	C

MedlinePlus

medlineplus.gov

- **#1 SOURCE** for basic quality consumer/patient information
- Includes drug information
- Medical Encyclopedia – full-text with illustrations
- Spanish version
- Preformulated *PubMed* searches
- Interactive tutorials
- Current health news

MedlinePlus Content

Interactive tutorials:

175 total (soon)

ClinicalTrials links on display:

640 (today)

NIH-Seniorhealth

22 topics

OR-Live surgery videos:

73

Announcement listservs:

11 daily & weekly

Directories:

Over 100 directories covering doctors, hospitals, clinics and libraries.

The screenshot shows the MedlinePlus website homepage. At the top, there is a header with the MedlinePlus logo and the text "Trusted Health Information for You". To the right of the logo, it says "A service of the U.S. NATIONAL LIBRARY OF MEDICINE and the NATIONAL INSTITUTES OF HEALTH". Below the header is a search bar labeled "Search MedlinePlus". To the right of the search bar are links for "About MedlinePlus", "Site Map", "Help", and "Contact Us". A red circle highlights the "Contact Us" link, which has a sub-link for "español".

The main content area is divided into several sections:

- Health Topics:** Start here with over 700 topics on conditions, diseases and wellness.
- Drug Information:** About your prescription and over-the-counter medicines.
- Medical Encyclopedia:** Includes pictures and diagrams.
- Dictionary:** Spellings and definitions of medical words.
- News:** Health News from the past 30 days.
- Directories:** Find doctors, dentists and hospitals.
- Other Resources:** Local libraries, health organizations, international sites and more.

Other sections include:

- Current Health News:** Links to "Mouthguards Essential for Back-to-School Sports", "Newest Breast Cancer Drugs Can Cause Joint Pain in Patients", "Excessively Sleepy? Could Be More Than Poor Sleep", and "More news".
- Featured Site:** Hurricane Katrina links: "Disasters and Emergency Preparedness", "Coping with Disasters", "NIH Response", "Recovery Information".
- In the Spotlight:** September is Prostate Cancer Awareness Month. Learn more: "Go to Prostate Cancer", "Prostate Cancer Interactive Tutorial", "News about Prostate Cancer".
- Interactive Tutorials:** Over 165 slideshows with sound and pictures.
- ClinicalTrials.gov:** Studies for new drugs and treatments.
- NIHSeniorHealth:** Health information for older adults.
- Surgery Videos:** Videos of surgical procedures.

At the bottom, there is a footer with links for "Copyright", "Privacy", "Accessibility", and "Quality Guidelines". It also provides the address: "U.S. National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894" and "National Institutes of Health | Department of Health & Human Services | Freedom of Information Act". On the right side of the footer, it says "Page last updated: 07 September 2005" and "URL for this page: http://medlineplus.gov".

Health topics (today):

704 English

657 Spanish

3 drug and herbal databases:

approx 1700 monographs

ADAM.com encyclopedia:

approx 4000 monographs

Health news:

Approx 15-20 new stories added per day

***Keep Current with
Alerting Services***



Information Overload!

- 2 million articles published in biomedical journals each year
- considering everything of potential biomedical importance would require perusing about 6,000 articles per day...
- If you only read 2 articles a day, at the end of year you would be 60 centuries behind.

What are Email Alert Services?

- Deliver current citations into your email
- Based on a search strategy you create
- In most cases, abstracts of the articles are provided
- May provide links to *PubMed* and full-text articles

PubMed: MY NCBI

- Your personal space on the NLM computer system for **storing search strategies** to generate updates
- **Free** registration required
- Recent *PubMed* citations sent **automatically** to your email

Search for

- Limits
- Preview/Index
- History
- Clipboard
- Details

About Entrez

Entrez PubMed

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Register
I Forgot My
Password

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My NCBI: Sign In

Sign in here or [register for an account](#).

User Name

Password

Keep me signed in unless I sign out
Leave unchecked on public computers

[I forgot my password](#)
[About automatic sign in](#)

What is My NCBI?

My NCBI is a central place to customize NCBI Web services. To use it, you must first [register](#), and your browser must accept [cookies](#).

You can use My NCBI to:

- Save searches
- Set up e-mail alerts for new content
- Display links to Web resources (LinkOut)
- Choose filters that group search results

Like all NCBI resources, My NCBI is free.

My NCBI
Go to: pubmed.gov
And click on My NCBI

Alerting Services

healthlinks.washington.edu/howto/alerts.html

Alert Service	Database Coverage	RSS
My NCBI	PubMed	yes
AutoAlerts	CINAHL CINAHL Plus	yes
ScienceDirect Search	ScienceDirect Journals	yes

Step #3:
Evaluate the Literature



Resource Table and Tips for Evaluating the Literature

- **Table:** Brockoff DY, Hastings-Tolsma MT. *Fundamentals of nursing research*. 3rd ed. Sudbury, MA: Jones and Bartlett, 2003. p. 64-9
- **Tip sheets** on how to evaluate different kinds of studies:
www.mclibrary.duke.edu/training/pdaformat

Evidence Based Nursing evaluation articles

- Cullum N. Evaluation of studies of treatment or prevention interventions. *Evid Based Nurs* 2000 Oct;3(4):100-2. and Part 2: applying the results of studies to your patients. *Evid Based Nurs* 2001 Jan;4(1):7-8.
- Ciliska D, Cullum N, Marks S. Evaluation of systematic reviews of treatment or prevention interventions. *Evid Based Nurs* 2001 Oct;4(4):100-4.
- Jull A. Evaluation of studies of assessment and screening tools, and diagnostic tests. *Evid Based Nurs* 2002 Jul;5(3):68-72.
- Russell CK, Gregory DM. Evaluation of qualitative research studies. *Evid Based Nurs* 2003 Apr;6(2):36-40.

Evidence Based Nursing evaluation articles, continued

- Fineout-Overholt E, Melnyk BM. **Evaluation of studies of prognosis.** *Evid Based Nurs* 2004 Jan;7(1):4-8.
- Adamson J. **Evaluation of studies of causation (aetiology).** *Evid Based Nurs* 2004 Apr;7(2):36-40.
- Graham ID, Harrison MB. **Evaluation and adaption of clinical practice guidelines.** *Evid Based Nurs* 2005 Jul;8(3):68-72.
- Marks S, Ciliska D, Jull. **Evaluation of studies of treatment harm.** *Evid Based Nurs* 2006 Oct;9(4):100-4.
- Haynes B. **Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based healthcare decisions.** *Evid Based Nurs* 2007 Jan;10(1):6-7.

5 Steps for EBP

1. Convert need for information into **answerable question**
2. Track down **best evidence** to answer question
3. Critically **appraise evidence** for validity, impact and applicability
4. **Integrate** critical appraisal with your clinical expertise and patient's unique circumstances
5. **Evaluate** effectiveness in executing steps 1-4 and seek ways to improve

Final Thoughts

Contact Your **Ultimate Search Engine...**
a librarian!



For more UW information...

If you are **affiliated with the UW**, contact the *nursing library liaison*:

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For more information...

- For non- UW affiliates, contact the **National Network of Libraries of Medicine (NN/LM)** for exhibits, workshops, classes, and project collaborations

NN/LM 800.338.7657

Linda Milgrom 206.221.3400

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Evidence-Based Practice: Approaches to Save You Time and Get Results

PowerPoint presentation located:

healthlinks.washington.edu/hsl/liaisons/schnall/ebpnov2007.ppt

